

INTERPRETER/AGENCY: Please complete and submit top 3 copies to:

☐ LEGAL DIVISION
744 P STREET, MS 4-161
SACRAMENTO CA 95814

CDSS USE ONLY	
INVOICE	
INDEX CODE	
OBJ 418	PCA

NAME OF INTERPRETER/TRANSLATOR						SOCIAL SECURITY NUMBER/FEDERAL ID NUMBER -									
NAME OF AGENCY						DATE OF SERVICE									
ADDRESS						I hereby declare under penalty of perjury that I faithfully and accurately interpreted/translated from the English language to the _____language and/or from the _____language to the English language for this assignment. SIGNATURE _____									
CITY															
STATE				ZIP CODE										<input type="checkbox"/> CHECK IF NEW ADDRESS	
TELEPHONE NUMBER															
COMPLETE FOR INTERPRETATION SERVICES						COMPLETE FOR TRANSLATION SERVICES									
CLAIMANT				HEARING NO.		CLIENT AGENCY				CONTRACT					
HEARING SITE (COUNTY)				LANGUAGE		PROJECT TITLE									
SCHEDULED HEARING DATE	ARRIVAL TIME	SCHEDULED START TIME	ACTUAL START TIME		PROJECT DESCRIPTION										
STOP TIME	DEPARTURE TIME	MILES ROUND TRIP	LANGUAGE SKILLS USED <input type="checkbox"/> YES <input type="checkbox"/> NO		REFERENCE				MILES ROUND TRIP		NUMBER OF ROUND TRIPS				

<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>_____ Total Time</p> <p>\$ _____ First Hour</p> <p>\$ _____ Add'L Hrs</p> </div> <div style="width: 45%;"> <p>_____ Miles _____ ¢ per mile</p> <p>\$ _____ Mileage Fee</p> <p>\$ _____ Parking (attach receipt)</p> </div> </div> <div style="text-align: right; margin-top: 10px;"> <p>Total Fee \$ _____</p> </div>	<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p>\$ _____ Translation</p> <p>_____ Miles at _____ ¢ per miles</p> </div> <div style="width: 30%;"> <p>\$ _____ Editing</p> <p>\$ _____ Mileage Fee</p> </div> <div style="width: 30%;"> <p>\$ _____ Input</p> </div> </div> <div style="text-align: right; margin-top: 10px;"> <p>Total Fee \$ _____</p> </div>
<div style="display: flex; justify-content: space-between;"> VERIFIED BY AUTHORIZED COUNTY/CDSS STAFF DATE </div>	<div style="display: flex; justify-content: space-between;"> SIGNATURE AND APPROVAL BY DATE </div>

Verification that the interpreter was present and submitted this claim may be signed by authorized county or state employees. The review and approval for payment of such services will be done by CDSS staff.